



City of Seattle
Department of Design,
Construction and Land Use

Key Tower, 700-5th Ave, Ste 2000, Seattle, WA 98104-5070

Permit Phone: (206) 684-8464 Conveyance Phone: (206) 684-3288

Fax: (206) 684-8113 Website: www.cityofseattle.net/dclu Hours: M,W,F: 7:30-5:30 T,Th: 10:30-5:30

PERMIT APPLICATION

Conveyance

Work Site Address: _____ Zip: _____

Building Name: _____ Machine Location: _____

Description of Work: _____

WORK SITE OWNER/ TENANT INFORMATION	CONTRACTOR INFORMATION
<input type="checkbox"/> Owner <input type="checkbox"/> Tenant Name: _____ Phone: _____ Fax: _____ Address: _____ Apt/Ste#: _____ City/State: _____ Zip _____ How would you like to receive your permit? <input type="checkbox"/> Pick-up <input type="checkbox"/> Mail <input type="checkbox"/> Mail & fax	Contractor Company Name: _____ Contact Name: _____ Phone: _____ Fax: _____ Address: _____ Apt/Ste#: _____ City/State: _____ Zip _____ How would you like to receive your permit? <input type="checkbox"/> Pick-up <input type="checkbox"/> Mail <input type="checkbox"/> Mail & fax

Action Type:

- ☐ Alterations or Repairs – Declared Value: \$ _____
☐ Cosmetic ≤ 5% Weight Differential
☐ Cosmetic > 5% Weight Differential
☐ Alter/ Replace Door Device – Quantity: _____
- ☐ New Installation or Relocation
☐ Temporary Operating Permit
☐ Extension of Temporary Operating Permit
 - Corresponding Permit # _____
☐ Reinspection -Corresponding Permit # _____

Conveyance #: _____ Owner's Conveyance ID: _____ Manufacturer: _____

CONVEYANCE TYPE / INFORMATION

- ☐ Hydraulic Elevator ☐ Dumbwaiter – Manual Doors ☐ Accessibility Lift – Vert/Inclined ☐ Residential
☐ Roped Hydraulic ☐ Dumbwaiter – Power Doors ☐ Other Conveyance Type ☐ Code Alternate
☐ Cable Geared/ Gearless ☐ Material Lift

ELEVATOR USE: ☐ Freight Elevator ☐ Passenger Elevator Rise in feet _____ # of Stories _____

NUMBER OF OPENINGS: Front _____ Rear _____ Total _____

CAR SIZE: Width in feet _____ Length in feet _____ Height in feet _____

CONTRACT CAPACITY: _____ pounds SPEED: _____ FPM

ESCALATOR OR MOVING WALK

Rise in feet _____ Run in feet _____ Width in inches _____ Speed _____ FPM

I certify that the work to be performed under this application will be done in conformance with the City of Seattle Municipal Code.

Signature: _____ Date of Application: _____
Contractor or Owner (or authorized agent)

PAYMENT INSTRUCTIONS:

Mail checks to:

- ☐ Cash ☐ Check DCLU, P.O. Box 34234, Seattle, WA 98124-1234
☐ Charge my escrow (ADA) account # _____
☐ Call me at () _____ so I can charge to a credit card.

DCLU USE ONLY:

Permit #: _____
Permit Fee: _____